Health Regions Webinar Series

HSE and health service staff information and learning sessions

" Balancing Stability with Change"

Creating conditions for integration

1pm on 26th September, 2024

Objectives

Update on Health Region implementation

Share reflections and learning from the lived experience of an integrated care team/ service

Identify key considerations for balancing stability with change while creating conditions for integration for individuals and teams / services

Panel Q&A with senior HSE leaders

Signpost key resources and supports

Health Regions Vision

To deliver **person-centred** health and social care services that are **informed by the needs of the people** and **communities** in each region, better serving people at all stages throughout their lives

To **align** hospital- and community-based services in each region so that they can **work together** better and deliver joined-up, **co-ordinated care closer to home**

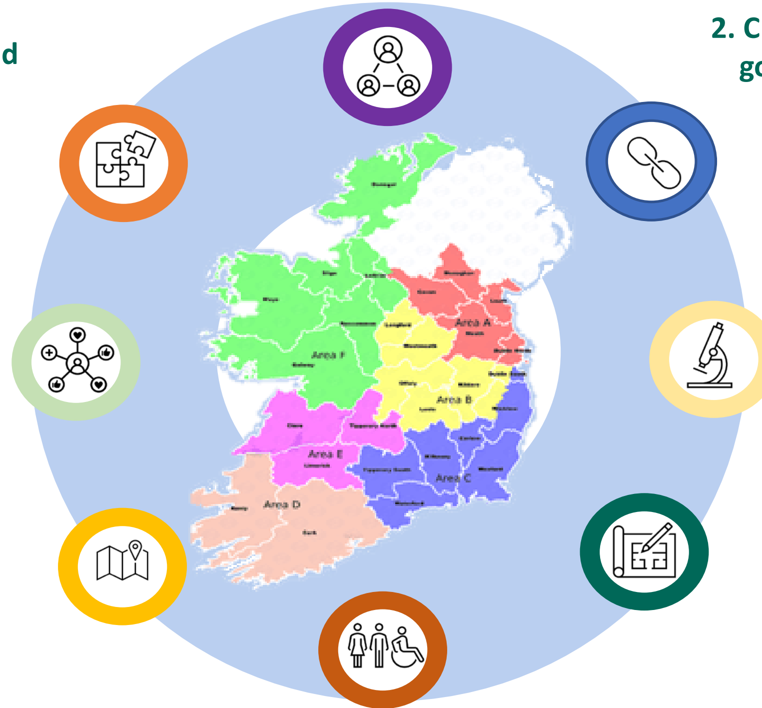
To **balance national standards** of care and direction with **local decision-making** to ensure people can access the **same quality of care** no matter where they live

To **improve the health and well-being** of people in each region by ensuring that services are **planned around local needs**, people are **well-informed** and supported when accessing services, and resources are **fairly allocated and accounted for**

Health Regions Strategic Objectives

1. Align and integrate hospital-based and community-based services to deliver joined-up, integrated care closer to home

2. Clarify and strengthen corporate and clinical governance and accountability at all levels



3. Support a population-based approach to service planning and delivery which aims to address health inequalities

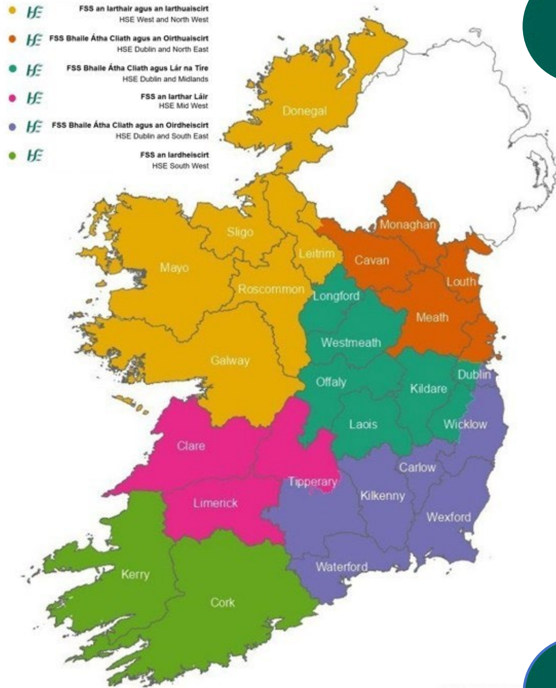
4. Improve equitable regional investment and balance national consistency with appropriate local autonomy to maintain consistent quality of care across the country

5. Run an efficient, highly productive, and transparent health and social care service with aligned incentives to provide people with timely access to safe, high-quality and integrated care.

Source: RHA Strategic Objectives

What’s Decided

We will still be a single HSE organisation with 6 health regions. Services will integrated across hospitals and community in these health regions. Health Regions are not separate statutory bodies.



- Health Regions will use the HSE logo and be under the governance of the HSE Board
- Regional Health Forum structure to remain but will be aligned to Health Regions
- On October 1st, the Health Region management structure will replace existing CHO and HG management structures
- Operational focus to move from HSE Centre to the Health Regions and Integrated Healthcare Areas (IHAs). 20 IHAs have been agreed as geographic sub-components of the Health Regions. The IHAs will have responsibility for operational service delivery and driving integrated care for patients and service users.
- HSE Centre will develop and oversee standards and guidelines for implementation at regional level.
  The focus of HSE Centre will be on planning, enabling, performance and assurance
- The HSE Centre and Health Regions structures have been agreed

HSE Sub-structures

1	6	20	96
HSE	HEALTH REGIONS	INTEGRATED HEALTHCARE AREAS	COMMUNITY HEALTH NETWORKS

Sláintecare Vision for Integrated Care

Towards a Sláintecare Citizen Care Masterplan
(Canterbury District Health Board, with permission)

SláinteCare.
Right Care. Right Place. Right Time.

SPECIALIST CARE TREATMENT
SPECIALIST HOSPITALS
RURAL HOSPITALS & COMMUNITY HUBS
LOCAL AMBULANCE SERVICES
CONSULTANT
MATERNITY SERVICES
CLEAN AIR & WATER
QUICK ACCESS ACUTE SERVICES
MORE LOCAL SERVICES
DENTAL
CONNECTED COMMUNITIES
DIRECT ACCESS
COMMUNITY MENTAL HEALTH
SPECIALIST MENTAL HEALTH
LEARNING
TECHNOLOGY
LMC
PEOPLE CENTRED
LIBRARY
VOLUNTEER SERVICES
HOME
PATIENT PARTNERSHIP
YOUR HEALTH
FAST TRACK
OUT
IN
HOME BASED SUPPORT
PEER-LED SERVICES
ADVICE
CHILDREN'S SERVICES
SCHOOL BASED SERVICES
PUBLIC TRANSPORT
SUPPORTED SELF MANAGEMENT
LAB SERVICES
PHARMACY
COMMUNITY REFERRED RADIOLOGY
GENERAL PRACTICE
COMMUNITY NURSING
WELL BEING
24/7 URGENT CARE CENTRE
URGENT GP SERVICES
ACTIVITY
REHAB AND RESTORATIVE SUPPORT
INTEGRATED HEALTH AND SOCIAL SERVICES
BASED ON THE REDBRIDGE PRIMARY CARE TRUST VISUALISATION
our health system

Health Regions Programme – key upcoming milestones

2024			2025
Sep	**Oct**	**Nov**	**Mar 3rd**
Publish IHA Maps	CHOs & HGs stood down & Health Regions Management team stood up	High level design of Future State Integrated Service Delivery model – preferred option agreed	Implementation of Future State Integrated Service Delivery Model

Interim ISD arrangements in place

Progress detailed design of Health Regions Integrated Service Delivery model, including Networks of Care and IHA Management structure

Learning from implementing change: reflections from rolling out the Integrated Care Programme for Chronic Disease

Dr. Maria O' Brien, Service Improvement Lead , Integrated Care Programme for Chronic Disease
Gillian O' Loughlin, Operational lead Tallaght Chronic Disease team CST
Liz Murphy, CR Co-ordinator Wexford Chronic Disease CST

ICPCD

Dr Sarah O'Brien
National Clinical Advisor & Group Lead (NCAGL) for Chronic Disease

Mairead Gleeson
General Manager
Integrated Care Programme for Chronic Disease

Sandra McCarthy
Nurse Lead
Integrated Care Programme for Chronic Disease

Dr Maria O'Brien
Service Improvement Lead
Integrated Care Programme for Chronic Disease

Margaret Humphreys
Self Management Lead
Integrated Care Programme for Chronic Disease

National Clinical Programmes

Diabetes NCP

Prof Derek O'Keeffe
Nat. Clinical Lead

Dr Michael Lockhart
Programme Manager

Dr Lisa Devine
ICGP Diabetes Lead

Discipline Leads
Joanne Lowe, Nurse Diabetes Lead
Assumpta Coyle, Snr Diabetes Podiatrist
Cathy Breen, Snr Diabetes Dietitian

Cardiology NCP
(National Heart Programme)

Prof Ken McDonald
Nat. Clinical Lead

Regina Black
Programme Manager

Linda Drummond
Programme Manager/ CHAIR Manager

Dr Eamon O'Shea
ICGP Cardiology Lead

Discipline Leads
Vacant, Nurse Cardiology Lead
Vacant, Physiotherapist

NCP Respiratory

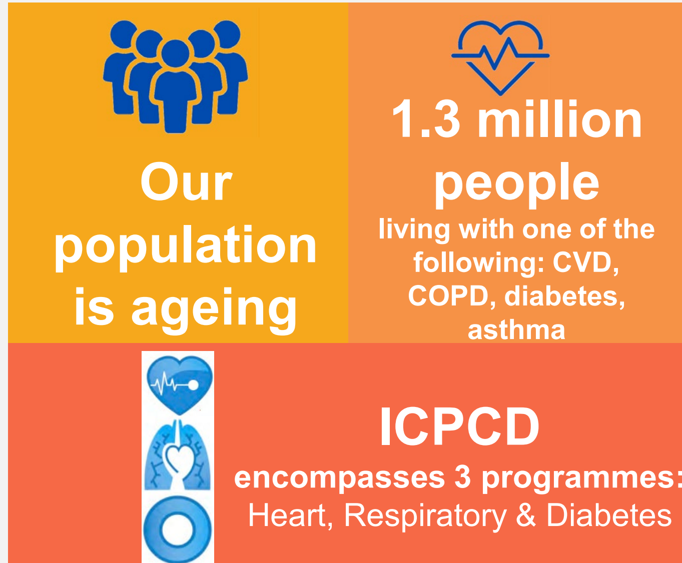
Recruitment in progress
Clinical Lead

Susan Curtis
Programme Manager

Dr Shane McKeogh
ICGP Respiratory Lead

Discipline Leads
Vacant, Nurse Respiratory Lead
Olga Riley, Respiratory Physiotherapist

Integrated Care Programme for the Prevention & Management of Chronic Disease

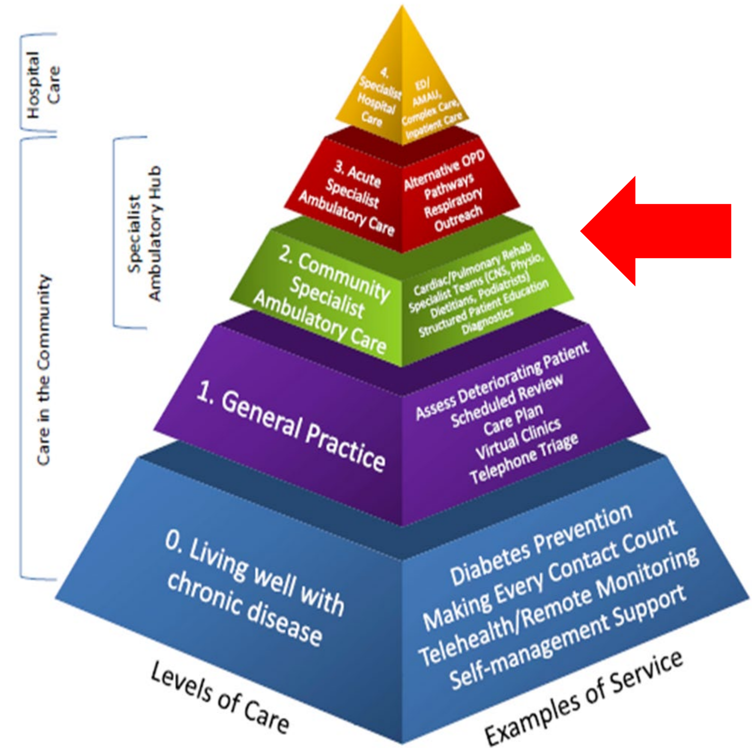


Objectives of the Integrated Care Programme for Chronic Disease (ICPCD)

- Maximise prevention
- Enable people to optimise self-management of their condition(s)
- Support the provision of GP-led primary care

Model of Care for the Prevention & Management of Chronic Disease

- Five levels of care across community and hospital
- Enabling GP-led primary care
- Bulk of care provided in the community (Levels 0-3)
- Aim is to provide "end-to-end" care for individuals living with chronic disease and multimorbidity in the community
- 30 ambulatory care hubs each with a Chronic Disease Community Specialist Team (CST)
- Each CST serves a population of approx 150,000 and linked to a local hospital
- The purpose of the CST is to provide timely & equitable access to diagnostics & specialist MDT opinions
- Support the GP to provide holistic, person-centred care as close to home as possible



Chronic disease Multidisciplinary team

- 30 teams (26 operational) of dedicated specialist multidisciplinary chronic disease staff have been resourced

Additional supports

- 75 new Integrated Care Consultants who will work across hospital & community - New post working across acute hospital and community 50:50
- Additional nursing & HSCP acute posts
- Significant uplift in acute hospital staff
- Key role: Operational Lead

Staffing Per Hub	WTE Required
DIABETES	
CNS Diabetes	3
Clinical Specialist Podiatrist	1
Senior Grade Podiatrist	1
Basic Grade Podiatrist	1
Senior Dietitian	3
Staff Grade Dietitian (Weight Mgt/ DPP)	3
CARDIOLOGY	
CNS Cardiology	3
Senior Physiotherapist	1
Cardiac Rehab Co-ordinator	1
Staff Nurse Cardiology	1
Cardiac Rehabilitation Admin	0.5
Clinical Psychologist	0.2
RESPIRATORY	
CNS Respiratory	3
Senior Physiotherapist	3
CS Physio Rehabilitation Co-ordinator	1
CNS Rehabilitation	1
Staff Grade Physio Rehabilitation	1
Pulmonary Rehabilitation Admin	0.5
Admin / Management	
Operational Lead	1
Project Officer	1
Administration staff	2
Total per hub	**32.2**

People and Culture Change platform

Key changes

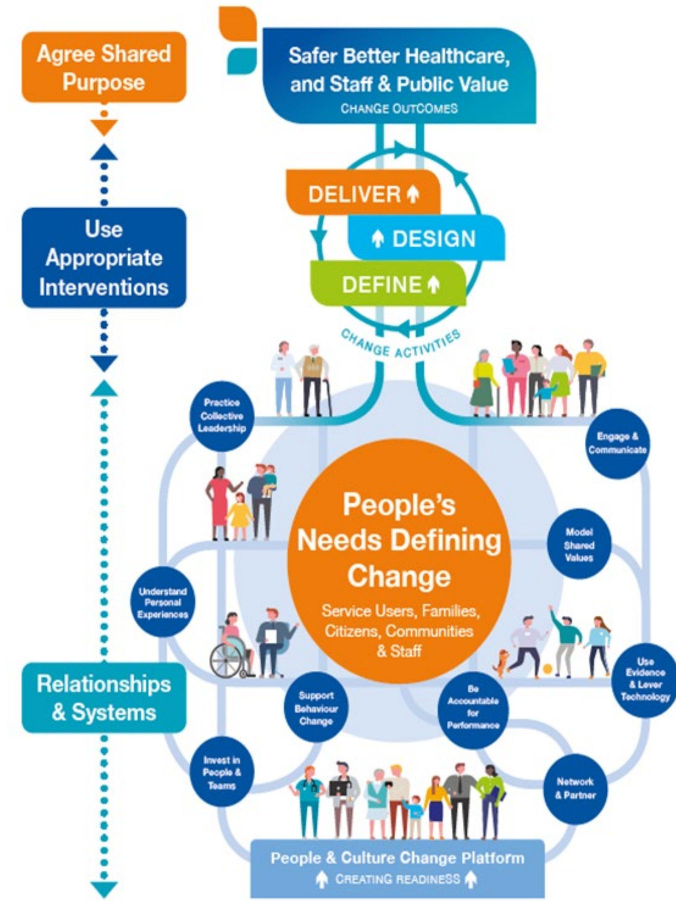
- Movement from hospital centric model to an integrated model of service deliver across acute and community
- Establishing new services - Creation of 30 CD Community specialist teams to create the full end to end integrated pathway
- Establishing new pathways and ways of working

Key challenges of change

- Enablers which are required – ICT, recruitment, estates etc
- How to support this change from ICP CD Team
- How were we going to build commitment, shared purpose, develop relationships and influence the ways of working required to implement the ICP CD ?

How ?

Team reflection to plan and design our approach to planning change –People and culture change platform key tool used



How have we managed change and created stability

1. **MoC – stability in terms of service provision –Shared vision**
2. **Engagement ongoing to create shared purpose and shared vision**

   - IC consultants each of the Clinical leads met reqularly with new IC consultants coming on board
   - Clinical Programmes engaged across sites with site visits to develop relationships with all team staff and ongoing engagement and provide ongoing clinical advice and guidance in terms of operationalising services
   - Operational leads build relationships
     - ✓ Bi monthly formal engagements with myself/CM and each Op lead structured approach to operationalising services
     - ✓ Informal engagement support day to day
     - ✓ National operational leads meeting as a group

2. 3. **Created a number of support resources** – Referral guidelines, support documents available from ECC hub

4. **Ongoing communication and engagement**

- ✓ Monthly webinars and information sessions – recordings on ECC hub.
- ✓ Newsletters –
- ✓ Health Matters

Key learning to create integrated care and build stability

Importance of continued/sustained engagement with key influencers and decision makers

- Competing priorities
- Aligning with bigger context and changing context
- Shared vision – need to keep maintaining the emphasis on the shared vision
- Fostering relationships and connections

Engagement and networking

- Constant – not a one time event – need to say it 100 times

Supporting peoples efforts and address people's concerns

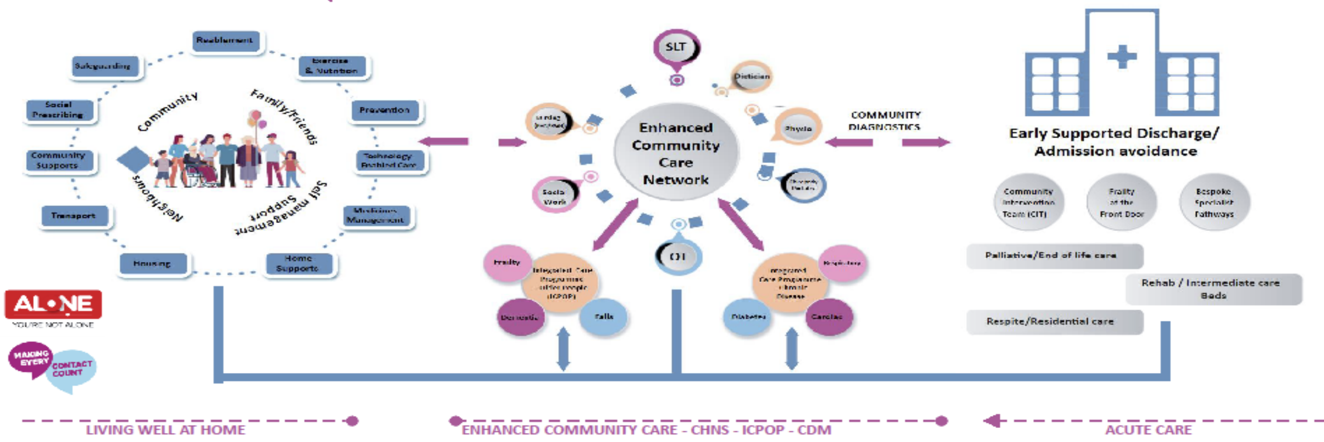
Build up the impact stories - Shared learning and experiences

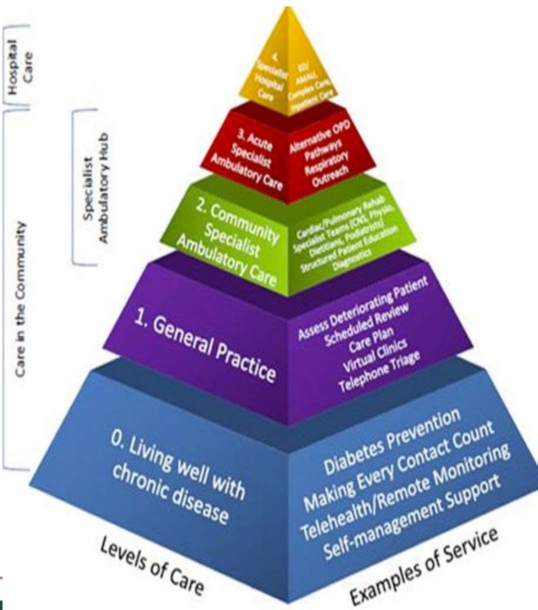
- Document good examples of where services have been implemented – Share
- Patient stories and testimonials – Impact on staff morale
- Use data to show the impact

Celebrate the successes !!!

Enhanced Community Care – Home First

Shift left of Resources & Activity





HOW WE DID IT:
Chronic Disease Models of Care & Framework

Wexford Integrated Cardiology Open Day, Valentine's Day 2024

SOME OF OUR FEEDBACK FROM OUR FIRST 6 MONTHS:

What have you found most useful?

"The advice and reassurance provided by my nurse. Plus the background team input"

'I got seen quickly because of this clinic"

" The thorough explanation, and reassurance"

"The nurse was unbelievable, so kind, a lovely lady"

"My health has improved, I have no swelling in my legs now, not wheezing as much, I feel much better"

"Informative and helpful"

"It's nice to know that my blood pressure and heart rate are noted and if anything wrong I will receive a phone call for the check on me. It's a fantastic service. I feel relaxed and know I'm being well looked after"

"Convenience of the location from home – only 10 mins away"

"More understanding of my condition"

"The nurse specialist very helpful"

"Excellent service"

"The nurse and all people I met"

"Nurse Specialist was very helpful"

Balancing Stability with Change

Key considerations for working towards integration

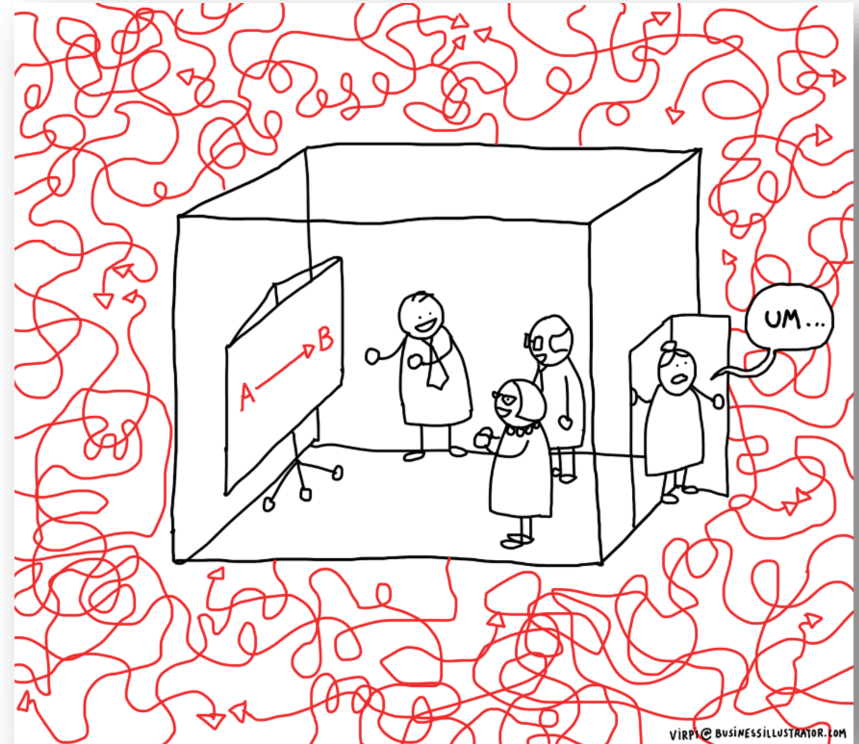
September 2024

Caitriona Heslin
Organisation Development & Design

Change is complex & messy – need stability

Change is constant

- **Change is complex** – sense of uncertainty, disruption, feels 'messy'
- **Creating stability** while navigating the transition to new structures and ways of working
- **Local teams** provide sense of stability and understanding of what will work in their context
- **Understand** what is changing and why



How can we focus on stability?

People do their best at work when:

- Their environment is predictable
- The point of their efforts is readily apparent to them
- They have some sense of control over their immediate surroundings
- They are part of a stable set of relationships
- They feel connected to place and ritual

This challenges us during constant change…….

Source: https://hbr.org/2024/07/creating-stability-is-just-as-important-as-managing-change

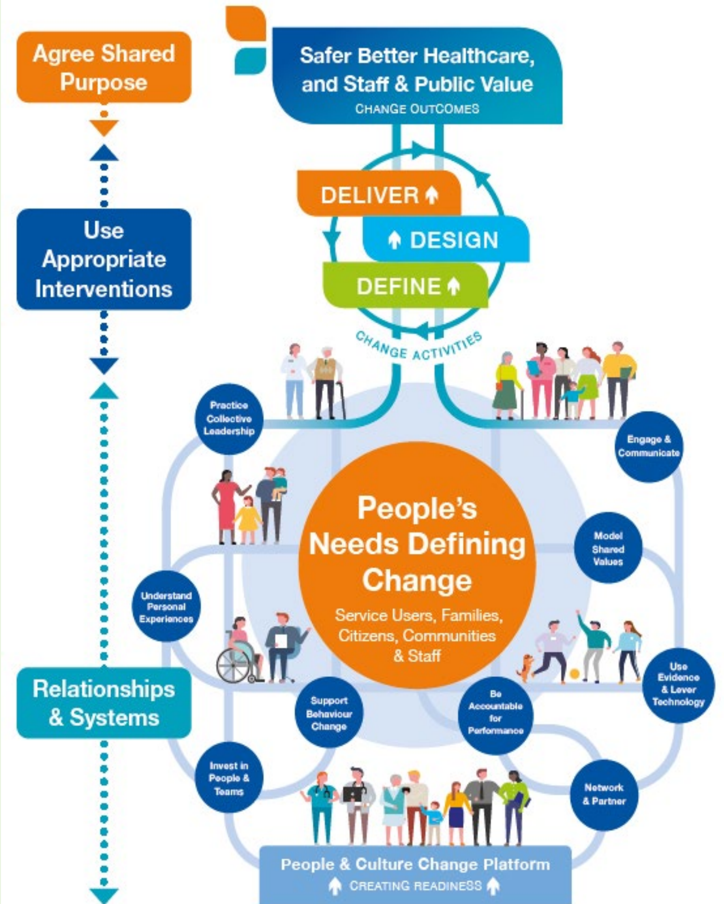
Complex systems need simple rules

Simple rules can help create conditions for change

1. Agreed shared purpose

2. Focus on relationships & networks

3. Use appropriate interventions



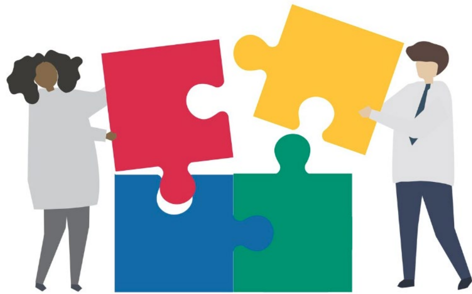
Focus on Local Teams

Local teams – source of stability

- Understand what is expected – individual contribution
- Team as a whole - support each other - shared agenda
- Connect with their organisation – collective good

Help people to see

- What will remain constant
- How they will continue to add value
- What is going to change - communicate the reality



Encourage conversations on how teams can contribute to the change

Get the whole system in the room

“Collaboration as Usual”	Collaborative Innovation Approach
Begin with what everyone can agree to	Start with a powerful goal
“Open Door” Policy	Be highly selective in choosing participants
Get the “decision-makers” in the room	Get the whole systems in the room
Work, and then present work to stakeholders	Work in real time (with everyone in the room)
Keep pushing for alignment and pushing back resistance	Leverage the underlying political and cultural tensions
Focus on programmes that the decision-makers believe will be most effective	Build empathy and insights about what people are really experiencing
Just give people the info they need to fulfil their role	Build a collective view of the whole system
Conduct research and data analysis to present it	Make sense of the system together
Only make the solution after you’ve made the decisions	Prototype early and often
	https://www.wearecocreative.com/post/2018/04/01/its-not-collaboration-as-usual Russ Gaskin Apr 2, 2018

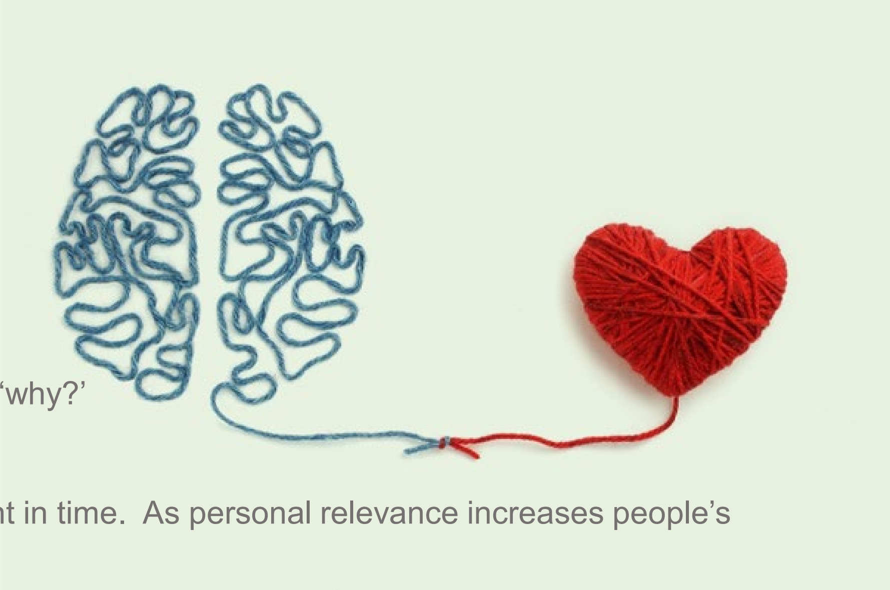
Use appropriate interventions
What can you do to progress integration?

- ✓ Build on developments within your service or team:
  - ✓ Develop increased understanding of **what's needed** to deliver integrated services
  - ✓ What will deliver better outcomes in your local **context**
  - ✓ What needs to be **adapted or changed** in a **new operating context?**

- ✓ Take a **collaborative approach** with colleagues and **align efforts**

- ✓ Attend to **personal transitions** and the impact of the **change for individuals and teams.**

Personal and Team Transitions



What actions can you take?

- ✓ How well do people understand the **rationale** for the change – the 'why?'
- ✓ Think about the **relevance** of the change for individuals at that point in time. As personal relevance increases people's level of interest in the change will also increase.
- ✓ Try **putting yourself in their shoes** and consider what the change must feel like for them.
- ✓ Consider the **opportunities the change can bring** – what are the benefits? What are the real challenges?
- ✓ Keep the **focus on improved outcomes for the people you serve** and **for your team.**

People's Needs Defining Change – Health Services Change Guide (2018:59)

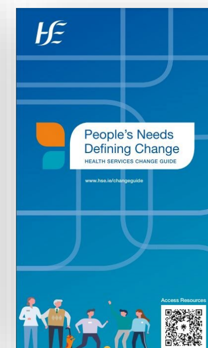
Adapt to emerging issues during change

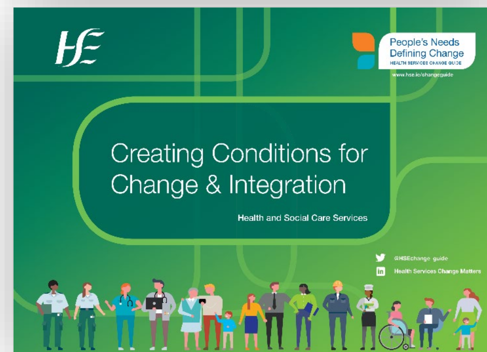
- ✓ Be flexible – learn how to adapt to the unpredictable
- ✓ Balance day-to-day needs with implementing change
- ✓ Learn from experiences locally - what is working well?
- ✓ Keep prototyping / testing – share the learning
- ✓ Keep focused on your shared purpose
- ✓ Keep engaging – building relationships

Change Guide pg. 95

Resources to deliver Change & Improvement

Online and in your hands





People's Needs Defining Change
HEALTH SERVICES CHANGE GUIDE

Poll: What do you think is the most important factor for creating stability during times of disruption?

Thank you!

People's Needs Defining Change

HEALTH SERVICES CHANGE GUIDE

Access Organisation Development & Change Practitioners

Providing individual and team supports

The **Health Services Change Guide** is a step-by-step guide to help you deliver good change.
The following resources will help you translate theory into practice, enabling people and culture change.

Change Guide in Action

Interactive workshop based on people's experiences of using the Change Guide in practice

For more information click here

Change Consultation Clinic

One-to-one scheduled clinic with OD & Change Practitioner responding to needs promptly

For more information click here

Change Mentoring

Agreed number of sessions with OD & Change Practitioner with a systems change focus

For more information click here

Change & Innovation Practice Programmes

Bespoke design and adapted to your needs

For more information click here

HSE Organisation Development & Design, Kells, Co. Meath

Change & Innovation Hub on HSeLanD

changeguide@hse.ie

@HSEchange_guide

Health Services Change Matters

www.hse.ie/changeguide

People's Needs Defining Change

HEALTH SERVICES CHANGE GUIDE

Access Digital and Self-Directed Learning

Building your capacity to deliver change

The **Health Services Change Guide** is a step-by-step guide to help you deliver good change.
The following resources will help you translate theory into practice, enabling people and culture change.

Delivering Change in Health Services

eLearning Programme

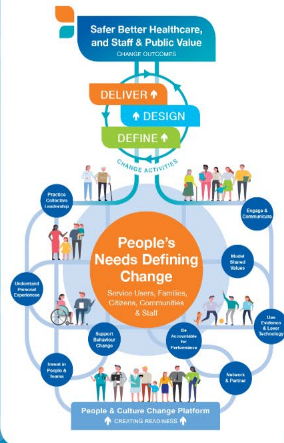
Build your knowledge & confidence

» Click here for more information

Reflect Recover Renew

Support teams to make sense of rapid emergent change

» Click here for more information



CPD Certificate

(12 points)

Delivering Change in Health Services

Develop while improving your service

» Click here for more information

Change & Innovation Hub

Access current thinking and best practice, including case studies

» Click here for more information

HSE Organisation Development & Design, Kells, Co. Meath

Change & Innovation Hub on HSeLanD

changeguide@hse.ie

@HSEchange_guide

Health Services Change Matters

www.hse.ie/changeguide

Some additional slides that may be helpful to you….

Nine Pillars of Integrated Care

International Federation of Integrated Care – IFIC

System Leadership for Integration

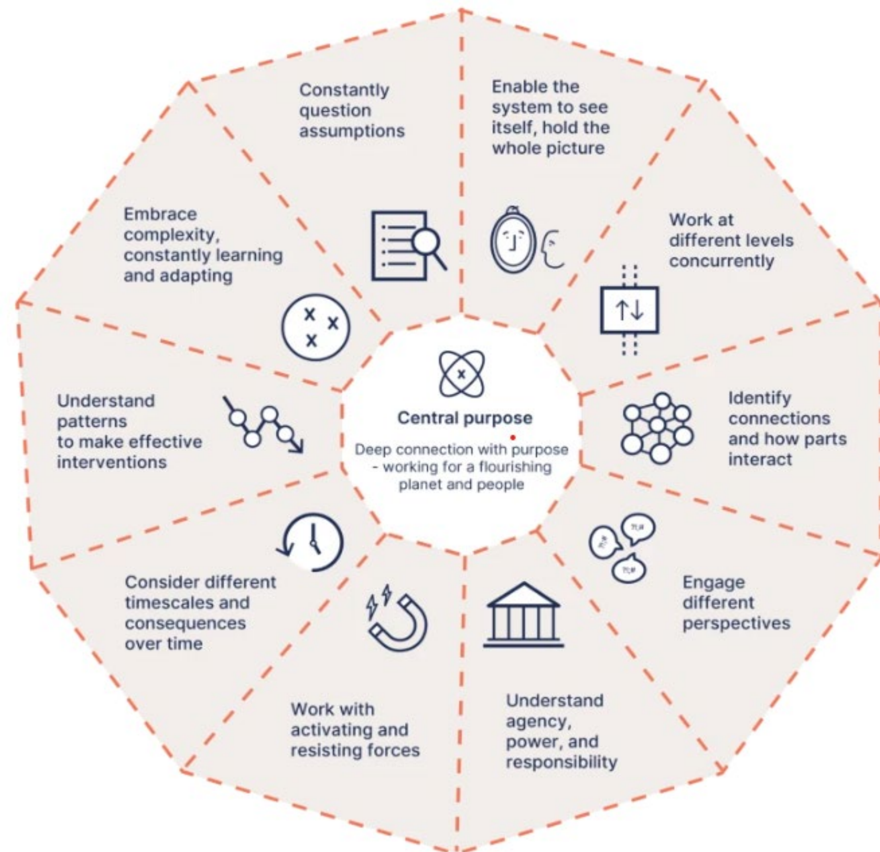
1. **Self:** The skills of **collaborative leadership** to enable trust-building, learning and empowered action among stakeholders who share a common purpose
2. **Community:** The tactics of **coalition building and advocacy** to develop alignment and mobilize action among stakeholders in the system, both within and between organizations
3. **System:** An understanding of the **complex systems** shaping the challenge to be addressed

Source: Systems Leadership for Sustainable Development: Taking Action on Complex Challenges through the Power of Networks. Lisa Dreier, David Nabarro and Jane Nelson. Harvard Kennedy School, 2019.

Key Systems Considerations

- See the whole picture
- Change happening at different levels
- Connections & interdependency
- Different perspectives
- Power – subsidiarity
- Resistance and enablers
- Pace and time
- Patterns – where to place our energy
- Learning is change – adapting as we go
- Question assumptions – does it always need to be this way….?

Source: School of System Change (accessed 2024)



Assess and address readiness

✓ **Readiness for change** is directly linked to the nature of the **relationships between people, teams, services and partner organisations** – the **culture and subcultures** within your service

Understanding Core Human Needs Template

Managing Personal Transitions

Managing Personal Transitions – making the most of change

1. ENDING, LETTING GO

Help people deal with their loss by...

- Identify who is losing what
- Acknowledge the reality of people's losses
- Accept signs of loss and grieving
- Give people information regularly
- Define what's changed and what stays the same
- Treat the past with respect
- Mark endings
- Focus on the continuity of what really matters

2. NEUTRAL ZONE

Critical personal adjustment and re-patterning happens here...

- Key signs to look for:
  - Low motivation and anxiety
  - Self-interest and resentment
  - Polarised thinking
- This is also a creative time
- Provide support for innovation and discovery
  - Embrace losses, setbacks and failures as starting points to new ways of working
  - Give people time and resist the push for early closure
- Set short-term goals
- Strengthen connections between groups
- Communication is key... personal stories are particularly useful

3. THE NEW BEGINNING

Time for new identities, new energy and a new sense of purpose

- Timing of 'roll out' is key
- Focus on shared purpose
- Create the picture to bring it to life
- Make sure Action Plan is clear
- Agree ways people can continue to contribute and participate
- Reinforce the new beginning:
  - Be consistent
  - Ensure quick wins
  - Make new identity visible
  - Celebrate the new beginning

Adapted from: *Bridges, W. et al (2017) and Weld, S. (2017)*

People's Needs Defining Change – Health Services Change Guide (2018: 20)

www.hse.ie/changeguide

Panel Discussion

“Balancing Stability with Change”
Creating conditions for integration